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“Implementing the 1998 Torture Victims Relief Act”

Subcommittee on Africa, Global Human Rights and International Operations
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Good afternoon. On behalf of the Bellevue/NYU Program for Survivors of Torture and the National Consortium of Torture Treatment Programs, I am honored to speak before you today. I want to thank the Subcommittee for holding this hearing, and a special acknowledgment to Congressman Chris Smith. Your leadership and tireless efforts on behalf of torture victims around the world, including those who have fled to this country to seek safety and rebuild their lives is profoundly appreciated. To me, to my colleagues at our Program and in the National Consortium, and to the torture victims we have been able to care for thanks to your support- you are truly a hero. We also owe much gratitude to the other original sponsors, and co-sponsor of the Torture Victims Relief Act-truly a bipartisan effort-, and to all the Congressional staff for their continued efforts on behalf of this legislative milestone. We are grateful to the Office of Refugee Resettlement who oversees disbursement of funds through TVRA for torture treatment programs in the United States.

The National Consortium of Torture Treatment Programs consists of 35 organizations in 21 states. These remarkable programs provide diverse models of care-medical, mental, health and social services. Some are free-standing organizations, others are based within larger Community Service Organizations. Reflecting the newness of the torture treatment movement, almost all of these programs are less than ten years old. Our program, which was founded in 1995 is jointly sponsored by New York University School of Medicine and Bellevue Hospital, the nation's oldest public hospital. We provide comprehensive medical, psychological care and social services to victims of torture and refugee trauma.

Thanks to support from the Torture Victims Relief Act, our program during the past several years has been able to care for over 1,500 men, women and children from over 70 different countries. Last year alone, we cared for over 700 individuals.

As you know, torture is a worldwide health and human rights concern, documented to occur in over 100 different countries. The need for assistance for Torture Victims now living in the United States is enormous. It is estimated that more than half a million survivors of torture, who fled persecution in their native countries, now live here in the United States. Survivors of torture arriving in this country include students, academicians, religious leaders and political activists.

Anyone daring to question the ruling powers.

One patient I care for is Samten. He is a gifted painter and was a leading artist in Tibet. He was arrested and imprisoned after writing poetry critical of the government. He was brutally beaten, and then during an interrogation session, he was told that he “was causing nothing but trouble with his hands” which were then forced into a coal oven. He suffered severe burns with significant scarring/disfigurement of his hands. He could barely hold a paintbrush and when he did, he had terrifying flashbacks of his abuse. He also had profound feelings of sadness and hopelessness. He was sleeping only 2-3 hours a day, and even this sleep was interrupted by nightmares. At the time of referral to our Program he did not have a regular place to stay. Through our Program, he received primary medical care including pain management, treatment for exposure to tuberculosis as well as referral to hand specialists and subsequent hand surgery. He was treated with antidepressant/anti anxiety medication with significant relief from his symptoms. Social service staff assisted him in finding housing and also a pro bono attorney to represent him in his asylum case. Program staff prepared medical affidavits documenting his injuries. He also attended a support group for Tibetan survivors which helped him to restore important social connections. Following surgery, he had marked improvement in the use of his hands. Recently, he was granted asylum. He is again drawing and able to support himself.

Another patient, who for reasons of privacy I will refer to only as “Jenny,” was a professor at a leading university in her African country and was arrested for her work promoting human rights. While imprisoned, she was beaten, raped, and forced to stand for hours each day without moving. After her release, she escaped with only one of her four children to the U.S. On initial evaluation at our Program, she suffered from nightmares and constant worry, but her most immediate complaint was the painful swelling in her legs that persisted since her detention. Jenny was subsequently treated for deep vein thrombosis (clots) in her legs. Program staff helped Jenny and her daughter find temporary housing. She received individual/group psychotherapy and medications for depression/anxiety. Staff found her a pro bono lawyer who successfully represented her in asylum application. Jenny and her daughter now live independently. Her physical and psychological health is much improved. Our social service staff worked with Jenny to help her locate her other children, who were in a refugee camp, and earlier this year, Jenny was reunited with them.

Torture can have devastating physical and psychological consequences. I have seen the scars from shackles, the marks from cigarette burns inflicted during interrogation and the wounds and broken bones from severe beatings. I have listened to stories of shame and humiliation, of haunting nightmares, and memories that will not go away. One patient of mine, for example, who was repeatedly submerged in a vat of water while being interrogated, would feel like he was gasping for air whenever he showered or went out in the rain.

What torture does is attempt to destroy an individual’s dignity and their sense of trust. What our program and the other treatment centers try to do is to restore to torture survivors their dignity, restore their sense of trust, help them heal physically and psychologically, and assist them in getting on with their lives. One of our patients, a woman who was repeatedly raped after attending a peaceful demonstration once told me, “For a long time after what I suffered, I felt so alone.” But your program made me again feel part of society. Patients who have received care in our program and the other torture treatment centers are now working, going to school and again leading

productive lives.

Before the Torture Victims Relief Act (TVRA), there were only a handful of centers around the country caring for torture victims. Thanks to the funding under TVRA, starting in 2000, the number of centers increased significantly. We estimate that in FY04 these centers served over 5,000 clients. Additionally, these programs serve as invaluable training and resource centers in their communities, across the country, and internationally. We train current and future health and social service providers. We conduct research on the health impact of torture and effective means for caring for torture victims. In addition to work in our own communities, many U.S. torture treatment centers are now sharing their expertise in assisting victims all over the world.

But presently the demand for our services far exceeds our ability to provide services. Many centers, including our own, have significant waiting lists. Quite often, the waiting list for services in our Program is for several months. Presently, in many areas of the country there are no centers, although there are tremendous demands for ones.

TVRA funding was initially authorized and appropriated at a level of approximately ten million dollars annually for domestic programs, with the expectation of increased funding each year. In FY05, funding was authorized at a level of 20 million dollars. Unfortunately funding has remained at the initial level.

What this has meant is hard and unfortunate choices have to be made. Last year, the Office of Refugee Resettlement sponsored a new request for proposals. On a positive note, several new programs around the country, including in Miami, Atlanta and Salt Lake City, were funded. But sadly, and I would argue tragically, many of the existing programs, including our own, because of funding limitations, suffered marked decreases in funding. Several Programs across the United States, and particularly in Northern California, were entirely defunded. Thus instead of looking to expand our services to meet the growing need and demand, many Programs had to make hard choices about budget cuts, staff layoffs, or even having to close. This is nothing short of tragic for the many survivors benefiting from or awaiting care at our centers, as well as undermining the capacity and sustainability of many organizations with extraordinarily talented and dedicated staffs just getting started.

For our Program, what this meant was that for several months, we had to stop taking new patients. While we were able to identify other sources of funding to get us through the year, these cuts threw us into survival mode, rather than where we had hoped and planned to be: namely expanding our services and outreach. The impact of these cuts still resonates through our Program's growth and stability.

In order to meet the needs of torture survivors throughout the United States, I urge you to support the increased levels of authorization and appropriation called for in TVRA. Our programs assist those who have been so brutalized and traumatized, enabling them to heal, to function, and to thrive as new members of our great American society.

In our work with torture survivors, we are reminded of the darker side of humanity and the potential for cruelty in this world. But we are also reminded of the extraordinary resilience of the human spirit. It is for the sake of all of those who have suffered from torture or continue to face

risk of being tortured, that we must commit ourselves to speaking out against torture, to providing adequate support for caring for those who suffer the physical and emotional scars of its cruelty and to ending this assault on human dignity.

Thank you.